## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AS FILED **AS FILED** AFTER S"AMEXIBATENT 2 MAKENDHERT T'AMDEDMENT 2 AMEROMONT. DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 31 39. 96 TOTAL DID TOTAL IND TOTAL DEP TOTAL DEP TOTAL CLAIMS TOTAL

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